VR A15 (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12623

	-2										
1. PLACE OF DEATH o. COUNTY HOW	ard		MARY	/LAND	D. STATE	aryla		lived. If instituti b. COUNTY	on: Residence b	efore admi	ission)
b. CITY OR TOWN (If ou RURAL and give neare Lisb	st lown)	, write c	12 vrs		The same	own (If o	,	rote limits, write R	URAL ond give	neorest toy	wa)
d. NAME OF HOSPITAL OR INSTITUTION		ve street od			d. STREET A					ON	A FARM?
3. NAME OF DECEASED (Type or print)	GEORG		Middle S.	_	AUGH Los	t	4. DATE OF DEATH	NOV		Day	Year 19 60
	white	7. MARRIED			Peb.	1 2 187	71	9. AGE (In years lost birthdoy) 89 yrs.	Months Da	-	_
100. USUAL OCCUPATION during most of working housewif	(Give kind of work de life, even if retired)	one 10b. KII			RY 11. BIRTHPL Ma:	rylar	or foreign co			S.	COUNTRY?
13. FATHER'S NAME	John Sa	nner			14. MOTHER'S			knecht			
15. WAS DECEASED EVER IN (Year, no. or unknown) (If you		ES? 16. SC	ONE		ORMANT				dbine	Md	
Conditions, if ony, gave rise to imm couse (o), stating the lying couse lost.	under- (c).	S	enfiler Mees	len	Burn	es a	THE MELL	Sypla	dens.	1	7
CATIC	SIGNIFICANT COND	anh	NTRIBUTING TO DE	ATH BUT N	POT SEJATED TO	THETERMI	NAL DISEAS	e condition gi	KEM IN BART 1(PERF	S AUTOPSY FORMED?
200. ACCIDENT WAS LOR CONTRIBUTING [CAUSE OF DEATH	20b. DESCRI	IBE HOW INJURY C	CCURRED.	(Enter noture o	f injury in f	Port I or Port	t II of item 18.)	/		,
20c, TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	While	Not while of work	20e. PLAI	OF INJURY (Home, farm bldg., etc.	20f. (City	or town)	(Cou	nty)	(Stote
21. I certify that (saw the deceased	1	lattender				5 19	1	the causes ar	19 600 and on the d	ate state	ed above
286. SIGNATURE		Ha	shu	M	ATTENDING	DI DI	ED.	STAFF PHYS	,	,	22b. DATE SIGNED
27 SPHYSICIAN A	LLN	M	45T1	1	1	lahl	111	lle 1	ad	4	
230. BURIAL, CREMATION, BEMOVAL (Specify) BURIAL	11-21			Live			Fred		Md.		tote)
C. M. Wa]		Winfi	eld, Md				OV 2 2		Istrar's SIGNI Lethur S. 1		

12175 . /-SAN AND PLANTALLE SAN THE SAN MODEL TO US F. ESPINE DIE, -100 ULUF, US.

	1264]	CERTIFIC	ATE OF DEATI		WORE, I	Reg. Dist. No	126	24
1. PLACE OF DEATH o. COUNTY	Howard		MARYLANG	2. USUAL RESIDENCE (W o. SLATE Maryland	here deceased liv	b. COUNTY	on: Residence bef Howard	ore admissio	n]
RURAL ond give	tt City		all Life	c. CITY OR TOWN (IF		limits, write R	URAL and give no	grest town)	
OR INSTITUTION	W Cut Road	ive street	oddress)	d. street address 63 New Cu	it Road			ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Fin Jam	es	Middle	Cook	4. DATE OF DEATH	Mon 1 1	th D		60°
5. SEX Male	Colored	WIDOW		6-14-1895		AGE (In years lost birthday) 65 yrs.	Months Days	R IF UNDER	24 HRS. Min.
Labore		done 10b.	Construction	DUSTRY 11. BIRTHPLACE (Stote		(M)	12. CITIZEN		OUNTRY
13. FATHER'S NAME		lea	im Cook	14. MOTHER'S MAIDEN I	NAME LU	Olie			
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR		9 um 11. 0.	KARRO DENT, 6	3 WEW C	Addi	+ DIELLIC	WEE 0	2000
	immediate DUE TO	1		otic Cardio-Va	scular	Disease	INI ON 3	rerval Bety ISET AND D Years	DEATH
PART III. Q	THER SIGNIFICANT CON	DITIONS		UT NOT RELATED TO THE TERM			EN IN PART 1(a)	19. WAS AL PERFORM YES [JTOPSY MED? NO
	AS UNDERLYING OF DEATH GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part 1 or Part II	of item 18.)			
20c. TIME OF INJU Hour a. n. p. m.	RY Month, Doy, Yes	20d, II While at wor	Not while	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	n, 20f. (City or :.)	lown)	(County		(Stole)
alive an	hat I attended the 11-21 Longe S	12 De	60 , and that dea	th accurred alights P	ADDRESS (Street	he causes a		ate stated	leceased dabove Esignes 30-60
220. BURIAL CREMATI	ON, 226. DATE THEREO		22c. NAME OF CEMETERY	OR CREMATORY	Bal	to 2	n county)	(Stote)	
23. FUNERAL DIRECTO	11 0 11 11	m	ADDRESS 1348 M Call	DATE D	EC 6 '60		TRAR'S SIGNATU		

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours often death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL VECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shared be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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	a Total Area To		
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			Control of the Artist of the A
	green Aurice of	The State of	
	Allen Community		
Jr. and			
	T F		
	WINDLE PERSON		other links are to the P = 170 H = 17 = 17 = 100
ALL A PURE N	and the same		Appella apres Ethiop
	Control Man	a light with a	dentile and the second
	the comment of the same	1500	

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE director, Page for your files. TO DEPU. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any one is necessary, please execute the certificate, writing the word "pending" in pendi in fem 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any evert within 72 hours after death. VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH 19695

								- 16	-U41
1. PLACE OF DEATH	1			2. USUAL RESIDE	NCE (Where dec			idence befor	e edmission)
Howard			MARYLAND	a. STATE	3	b. COU			
b. CITY OR TOWN (if outside corporata limits,		c. LENGTH OF STAY IN 15	Maryland		ete limits, writ	Howard e RURAL end a		own)
write RURAL end	give nearest town)			11					
Annapolis			1	d. STREET ADDRES	olis Jet.			1 16	Decipe Line
d. NAME OF HOSPI	TAL OR INSTITUTION (IF	nol in hos	pitel, give street address!	d. STREET ADDRES	5				RESIDENCE
				f				YES [
3. NAME OF DECEASED	First		Middle	Lasi	4. DATE	Month	h C	Day Y	100
(Type or print)	GRACE JA	NE	DEWBERRY		DEATH	MOTI	.25,196	0 1	9
5. SEX		-		. DATE OF BIRTH	19,		IF UNDER 1 YE		ER 24 HRS.
W 7						last birthday)	Months De	ys Hours	Min.
r'emale	ION (Give kind of work	WIDOWE	tend tend t	June 6,189		67 yrs.	1 10 517175		
	orking life, even if relired	IUB. KI	IND OF BUSINESS OR INDUSTR	II. BIKIMPLACE (SIA	te or toreign coun	iry)	12. CHIZE	N OF WHAT	COUNTRY
At Home	9	1	None	Missou	ri			US	14
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				
Unkno	ררשכ			TTr	nknown				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO. 17.		1111111111	Address			-
	lyes give wer or datas of ser								
No LIS CAUSE OF E	EATH [Enlar only ona c		None Jes	Dewberry,	nnapoli	JCt	Md	INTERVAL	CTWCCNI
	WAS CAUSED BY							ONSET AN	
1 . 1 . 5	IMMEDIATE CAUSE (a)_	Rhew	matic Cardio Vi	ascular Dise	ease			l year	r
7161	DUE TO								
Conditions, if any	which \ (b)								
gave rise to immed	DE DIRECTO								
(e), sletting the u	nderlying								
	SIGNIFICANT CONDITI	ONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIV	FN IN PART 16	1/ 10 WAS	AUTOPCY
OF COLUMN	SIGNIFICATION CONTON	0710 001		The state of the state of				PER	FORMED?
L CA		-						YES	NO A
PART II. OTHER		b. DESCRI	IBE HOW INJURY OCCURED. (I	inler neture of injury in P	art I or Pert II of i	lam 18.)			
A 20c. TIME OF INJU	IRY Month, Day, Year	1 20d.	INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, fa	rm, 20f. (City	or town)	(County	}	(State)
20c. TIME OF INJU		While		ory, street, office bidg., e	(c.)				
	19	al wor	Emped I			= -	627		
21. I certify th	nat I took charge of	the rem	ains described above, he	ld an Autopsy,	Inspection	, Inqui	ту 🗶 а	and in my	opinion
death resulted	from; Natural cau	505	Accident , Suic	ide . Homicide	e, Und	etermined m	nanner		
	1	is /1) 11	CHIEF MEDICA	L EXAMINER				
ACTUAL	HIMARC	1/2	man link	ASSISTANT ME	EDICAL EXAMINE			DATE S	IGNED
SIGNATURE.	Dog Cy-C 4	- IC-		M.D. DEPUTY MEDIC	AL EXAMINER	1			
EXAMINER'S NAME (Type)	George E.Bu	rgto		Address (Street	, city, town, or co	unty)		25,19	60
22a. BURIAL, CREMATIC	N. 226. DATE THEREO	1	22c NAME OF CEMETERY OF	CREMATORY	22d OCATH	ON (City, town	or country)) (S	lale}
Burgal	11/27/	60	Uce asthe		lla	with	· CA	11.	11.11
23. EUNERAL DIRECTO	Rh	***	ADDRESS	, C 24a, RI	EC'D BY REGISTRA	R 246. REG	ISTRAR'S	ATURE	1
100 (1) 77	Tilla.	0/	. Louis	M. A. N	04 5 3 .00	Ch		0	
nee or the	vocara	-616-66	on accord	PACE DATE					

PERSONAL PROPERTY AND THE PROPERTY AND Chile and Country land diction of the language Q = 1, 25 . Vol. RAPEST BALLET William College State Susape/V A CHARLES del del di camaligatel attami __ Acres to the to the telephone to the 0.02, 1.Vo.

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the funeral director, should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12626

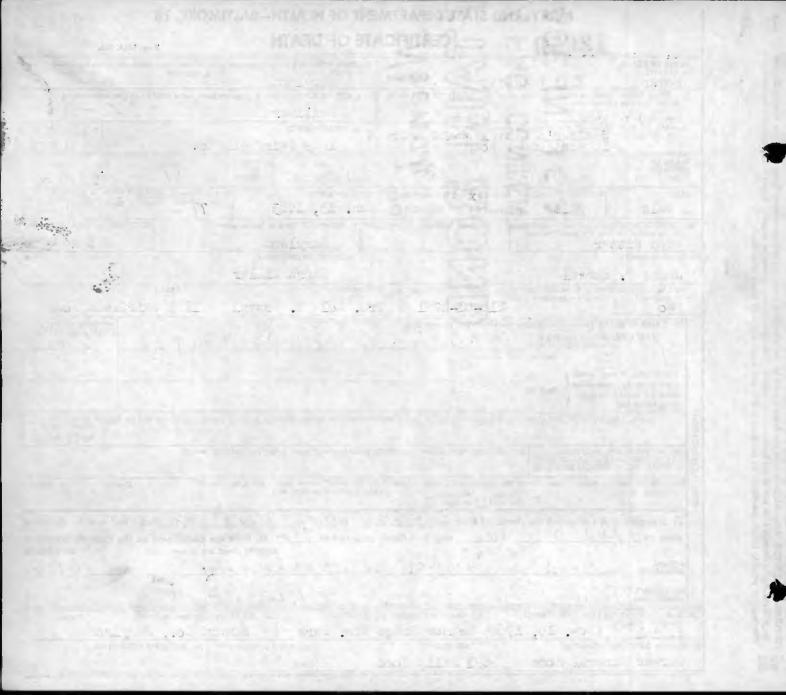
19050

CERTIFICATE OF DEATH

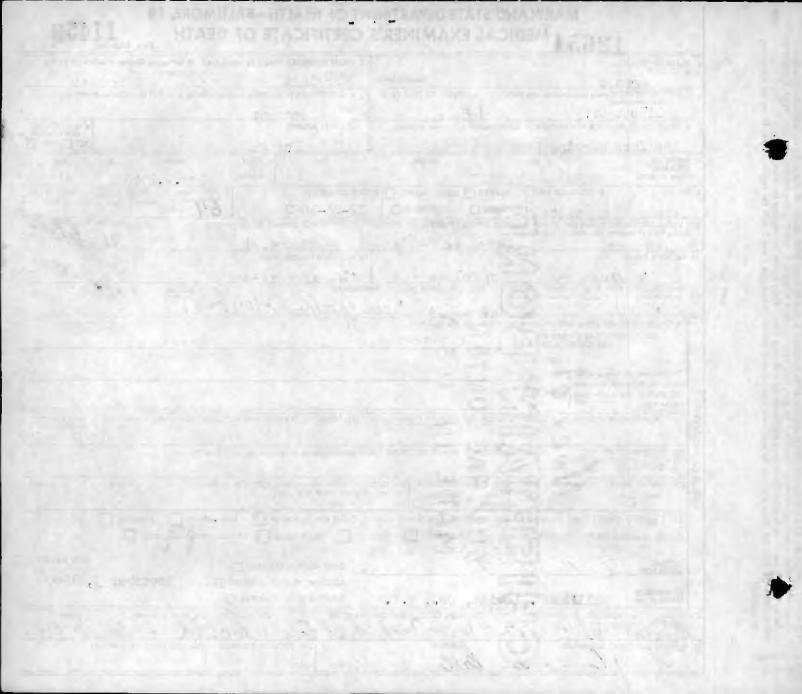
16090	Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY HOWARD Ellicott City MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY a. STATE
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Ellicott City	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Shaffer's Convalescent Retro 16 Montgomery Road	eat d. STREET ADDRESS 1209 Fairfield Road eat d. STREET ADDRESS ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Charle's Riddle	1-1- Lost 4. DAYE Manth Doy Year OF DEATH 11 13 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Jan. 13, 1883 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Pipe Fitter 13. FATHER'S NAME	DUSTRY 11. BIRTHPLACE (Slate or foreign country) Maryland USA 14. MOTHER'S MAIDEN NAME
James F. Heavel	Laura Miller
	. INFORMANT Address
No If yes, give war or dates of service) 216-01-4291	Mrs. Lola M. Heavel 1209 Fairfield Road
CATIC	ONSETAND DEATH ONSETAND DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(G) 19. WAS AUTOPSY PERFORMED? YES NOTE: REED. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Haur c. m. 19 While Not white p. m. 19 at wark at wark	PLACE OF INJURY (Hame, form, i 20f. (City ar town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from OCF 2 alive an NV-13 1964, and that deceased from OCF 2 and that deceased from OCF 2 alive an Indiana I for the Indiana I for	ath accurred at 7.2 P.1 M. from the causes and an the date stated abave ADDRESS (Street, city or town, state) M.D. 46 Church for C /1-13-60 Glight Giff (Lby MC)
220. Burial Cremation, Removal (Specify) Nov. 16, 1960 Meadow Ridge	ge Mem. Park Howard Co., Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burgee Funeral Home	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 1 6 '60 Carting A. France

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERA NRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



1	1/2	I	tem 18 Fi	lm 2MARYE	ANDS	TATE DEPARTM	ENT OF	HEALTH	-BA	LTIMORE, 1	8, 1,52		
£ 28	8		1			L EXAMINER					Reg. Dist. No	145	8
should	Cremation Cremation	1.	PLACE OF DEATH				11		here decea	sed lived. If Institut	- L	fore admi	asion)
4	1 1 1 1	-	HOMA:	PCI. outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	MAIN TO THE RESIDENCE OF THE PARTY OF THE PA	yland	autside con	porate limits, write	RURAL and give	regrest to	wni
Pag	pariol		Ellicott)		true	X	Jess					
actor.	o VO V		d. NAME OF HOSPIT	The second secon		ital, give street address)	d. STREET	ADDRESS	291			ON	ESIDENCE A FARM?
o e e	5010	3.	NAME OF	Fin		Middle	lo	nt DUA	4. DATE	Month	Day		ear
you	tri B		DECEASED (Type or print)	MARIE J.	HERBEI	T			DEATH	Nov.2	1960	1	9
= = = = = = = = = = = = = = = = = = =	5	5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRT	TH			IFUNDER TYEAR		ER 24 HRS.
ined if	Ę	L	Female	White	WIDOWED	-	12-26-			657 yrı.	Months Days	Havri	Min.
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 N	10	i. USUAL OCCUPATIO during most of warking	ON (Give kind of work on the life, even if retired)	lane 10b. Ki	ND OF BUSINESS OR INDU	STRY 11. BIRTHA	PLACE (State	ar foreign o	country)	12. CITIZEN C	F WHAT	COUNTRY?
2, and	Duo o	12	At home	9	17-10	use wife	فسنت فينان	ltimore			1-46	2 7 1	<i>T</i> .
mg - 62	- E	13	m 16	2	37-10	tta I dam	14. MOTHER	1			18.	1999	1500
	Sod T		WAS DECEASED EV	ER IN U. S. ARMED FOI	CES? 16. 5	Holden OCIAL SECURITY NO. 117.	INFORMANT	Rno	wil	/) Address	1	0	
C D C	e (1	(Ye	, no, or unknown)	(If yes, give war or dates of a	ervics)	/ 'th	2 Da	hu -	Hen	bert	ARW		
A.S. Gi	i		18. CAUSE OF DEAT	TH [Enter only one cav	se per line f	or (a), (b), and (c).]	1/.				INTE	RVAL BETWE	EN
138.	5		PART I. DEAT	TH WAS CAUSED BY:	Ar	teriosclerot	ic Card	liovas	cular	Disease		CI MIND DO	
Len fo	<u> </u>		422.	DUE TO			100						
¥. i. i.	<u>e</u>		Conditions, if a										
penc	pring		(a), slating the s	> DITE 40									
e =	ö	Z	*****	HER SIGNIFICANT CONT	OITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMI	NALDISEAS	E CONDITION GIVE	N IN PART 1(a)	P. WAS	AUTOPSY
o a	D 2	CATIC										PERFO	RMED?
miner	9	CERTIFIC	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING [] 201	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of i	injury in Part	1 or Part II	of item 18.)			
X 5 7	nous r	MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yea	20d. It While at wor	(40) wille	ACE OF INJURY tary, street, office	(Home, farm ce bldg., etc.)	20f. (City	y or lawn)	(County)		(State)
Me Ting	9		21. I certify th	at I taak charge	of the re	emains described ab	ave, held a	n Autapsy	/ []. II	nspectian,	Inquiry [, and	find that
hief			death resulted	from: / Natural	causes [, Accident [], Si	icide 🔲, 🗆	Hamicide	□, U	ndetermined co	ouse 🔲.		
			ACTUAL SIGNATURE	1) un 1	The	*/	M.D. CHIEF	MEDICAL EX	AMINER [DATE S	IGNED
-	4 4		EXAMINER'S	/		2	A\$SIST.	ANT MEDICA	L EXAMINE	R OF NO	vember	3, 19	160
the state	епо		NAME (Type)			t, Jr., M.D.		Y MEDICAL E					
cute the forwar	5 2	220	BURIAL CREMATIO		0	new Cath	CREMATORY	Con.	22d. LOCA	nold	county)	is (State	pd.
/S. A15M	RF	23.	FUNERAL DIRECTOR		1	ADDRESS	6		BY REGIST		TRAR'S SIGNATU		1-6
5M 9/5	, ,		John Y	Courans)	don	Bellemon Y:	The.	DATENOV	4 '6	Cind	ws S. Krau	4	



TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be referred by the hospital an ottending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remains agreed an appers. Pages 1 and should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 22 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFIC ATE OF DEATH

19627

		12658	Division of	CERTIF	CATE	OF DEAT	H		12627
MA	1. [PLACE OF DEATH COUNTY COUNTY	rd	MARYL		USUAL RESIDENCE	Where deceased lived.	If astitution: Resident	ce before admission)
AI			2	c. LENGTH OF STAY I	N 1b	E/KY	(If guiside corporate lim	nits, write RURAL and s	
		or institution	hospital, give street	AL		d. STREET ADDRESS	11 nace	Aye.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	na F.	Horse	<i>y</i>	Last	1	Honber	Day Year
	S. 5	Emole wh	ite widowi	ED DIVORCED	o M	OF BIRTH	1913 L	birthdoy) Months	PAR IF UNDER 24 HRS Doys Hours Min.
	100	during most of working life, eve	n if retired)	un Hum	e	Mor	y land		ZEN OF WHAT COUNTRY?
	1	William A	Griff.	71		Florer	ICE R.	Chambe	er /31n
		N C (If yes, give wa	r or dates of service)	SOCIAL SECURITY NO.	17 INFOR	n E. Ho	rs ey 19	Address 40/UYY	De E AVE
		PART I. DEATH WAS CA		ne for (a), (b), and (c).	lo	70-10	- C2. "	company	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate	DUE TO	1/100	25/	recta	To les	Mask	6-12
	7	couse (o), stoling the <u>under-</u> (lying couse lost.	CO.	COLUMN THE TO DO	THE BUT LIGH	PRIATED TO THE	The second secon	DOTAGE CONTRACTOR	7.1/-1/16 1MAS AUTORS
	FICAT ON	20g ACCIDENT WAS UNDERLY	ices in	CRIBE HOW INJURY OF	2 11-	close	- L. Z. g.	to make	T 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
Ö	CAL CERTI	OR CONTRIBUTING CI CAUSE OF EITHER, NOTIFY MEDICAL EXTREME OF INJURY MONTH,	OF DEATH KAMINER)				form, 20f. (City or low		County) (Stole)
	MEDIC	Hour o m	19 While of wor	Not white	foctory	street, office bldg.,	etc.)		
		21 I certify that (I) (this saw the deceased alive 220 SIGNATURE	/// /	led the deceased 1964; and	7				A, that (I) (we) last added above.
		22c PHYS CIAN S	force.	who	(7 M.D	ATTENDING PHYS 22d ADDRESS	MED STA	FF	U/U/GO
	22-	NAME (Type)	12, 13,7-1	smba	ugh	56 27	how I control	Elle a.	cele = (27 mg
· Pri		BURIAL, CREMATION, 236 DA	114/00	MINITED ADDRESS	ethod.	st Church	REC'D BY REGISTRAR	City, lown, or county) Con towa Sob. REGISTRAR'S Sol	ord Md.
1 0	1	maner For	12705 Su	H. Keyes &	nien	Red DATE	NOVE 1 E 100	Calhus 1	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE (i) A MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institutions Residence before edmission) e. COUNTY director. Page a. STATE Howard MARYLAND Howa rd b. CITY OR TOWN (if outs de corporete famils, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town, your 5 write RURAL and give necrest town) Ellicott City Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) . IS RESIDENCE ON A FARM? State 25 Fels Ave 25 Fels Ave. YES NO X 3. NAME OF 4. DATE Year OF 120 (Type or print) after DEATH Alethe Celestine Kelly 19 Nov. 1960 with S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Thay 2 with 2, and 5 may nd 2 with hours lest birthdey) Months | Days Hours Min. DOWED DIVORCED MARCH 7,1958

105. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) DIVORCED WIDOWED Colored 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? and Z done during most of working life, even if retired) Ellicott Gity.Md None pages White 13. FATHER'S NAME PM3. 14. MOTHER'S MAIDEN NAME in flem 18. Give 9 Robert Kelly Lee Houston **Bypril** Form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address. permit, (Yes, no, or unkown) ((Ifyesgivawerordatesofservice) Lee Kelly, 25 Fals Ave. Ellicott City, Md None 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), end (c) INTERVAL BETWEEN Examiner's Office along a used as a burial-transit ONSET AND DEATH and Smoke Asphyxiation and 2 nd degree burns in pencil IMMEDIATE CAUSE (a) 5.minutes. DUE TO removal, iny, which geve rise to immediate ceuse pending" DUE TO (a), stating the underlying cremation, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0- 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 e the certificate, writing the word NO A Medical pluods 20e. EXTERNAL CAUSE WAS
PRIMARY TO OF CONTRIBUTING
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) TOR: Page 3 shou prior to burial, o House burned and child was in the house 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While et work A Hour a.m. Ellicott City Howard Md 11.25 AM Home 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection T. Inquiry T and in my opinion forwarded to DIRECTO agent, death resulted from: Natural causes Aceident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER K EXAMINER'S George E. Burgtorf NAME (Typa) Address (Street, city, town, or county). 228. BURIAL, CREMAT ON, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) <u>~</u> 4 0 Wasterr Catonsville . Md 23. FUNERAL DIRECTOR Star 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME F.C. Higinbothom, Ellicott City, Md Cothur S. Kinus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



0 15M 9/58

(County) (State) 1960that I last saw the deceased and that death occurred at 5 50 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME ITYPE 220. BUR AL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial Dec. 3.1960 Lisbon Tisbon . Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F.C. Higinbothom, Ellicott City, Md 160 Cathur & Flance

Howard

e. IS RESIDENCE ON A FARM?

YES NO

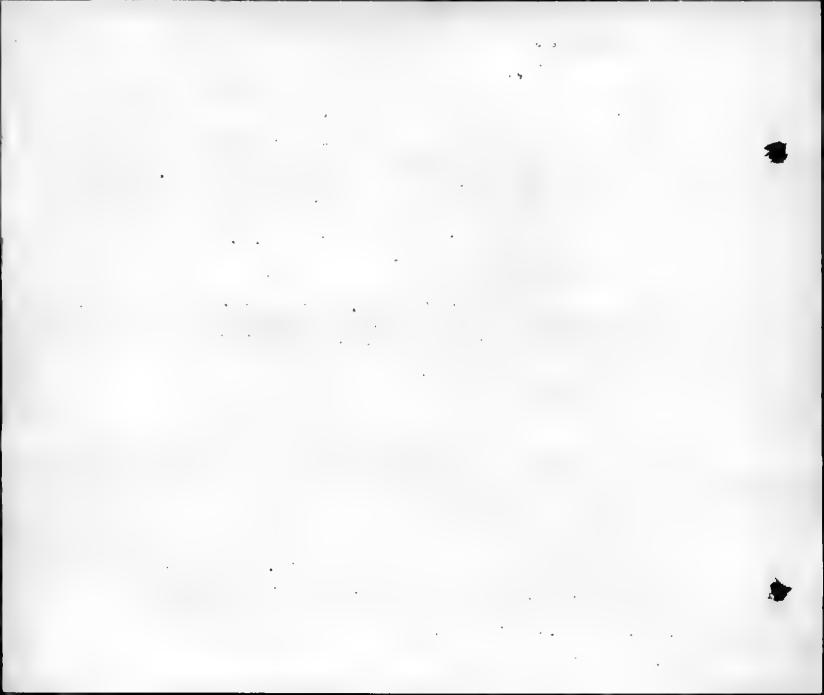
Yeni

19

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TY



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

12650

10050

CEDTICIC ATE OF DEATH

	4	0 (3) (3) (4)	CERTIII	SAIL	OF DEATH	1				
)	1. PLACE OF DEATH b. COUNTY	Ioward	MARYLA		USUAL RESIDENCE (WI O. STATE MO.	here deceased	l lived. It institut b. COUNTY	Howard	fore admiss	sion)
	b CITY OR TOWN (I RURAL and give no ELKT	f outside corporate limits, write corest town) Lage	c. LENGTH OF STAY IN	1b	Elka	outside corpo	rote limits, write l	RURAL and give n	earest tow	n)
	d. NAME OF HOSPIT OR INSTITUTION	Home 4 Box	et address) 222 E	Rt	d STREET ADDRESS BOX 2	525 E				HO DENCE
	3. NAME OF (Type or print)	Richard	Middle	Kı	reutzer	4. DATE OF DEATH	Nov		Day	Year 60
	S. SEX		RRIED MEVER MARRIED	□ B D	ATE OF BIRTH		9 AGE (In years lost birthday)	Months Doys		ER 24 HRS
	male	,	WED DIVORCED [March 30,		73 yrs			
	2nd Eng	ON (Give kind of work done 10 king ife, even if retired)	Med.Arts.Bl		German;		ountry)	Ge R		
	13. FATHER'S NAME Unkno	าฬา		14	Unknown	NAME			1	
	IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 215-09-1193	17. INFOR	mant pert Nicke	els 4		le Te	rrace	e #29
1		TH [Enter only one cause per TH WAS CALSED BY IMMEDIATE CAUSE (o)	line for (6), (b), and (c).	le pe	0 CO_	a all	Ric		TERVAL BE	
ý	Conditions, if o	DUE TO	Clin !	5	2000	200	Ci		2. 7	12
	gave rise to i cause (a), stating lying cause last.	mmediole (DUC TO	is on	- Z	e Cy	in el	7	3	1 1/2	7
	CATIC	ier significant condition	S CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	INAL DISEAS	CONDITION GI	VEN IN PART 1(a)	PERFC	AUTOPSY ORMED?
1	U (IF EITHER, NOTIFY	S UNDERLYING (1) 206 D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in	Part I or Por	II of item 18.)			
	20c. TIME OF INJUR Hour a.m. p. m	Vhi Whi			OF INJURY (Home, form, street, affice bldg., ek		or town)	(Count	y)	(State)
	21. I certify tho	it (1) (this hospital) atte								
	saw the deceas	sed alive on TLOL	29_196 and th	nat deat	h accurred at/23	M, from	the causes a	nd an the da	te stated	l abave.
	22o. SIGNATURE	93332	2 milesure	6 M.D	ATTENDING	IED IRECTOR	STAFF PHYS			SIGNED
	22c. PHYSICIAN'S NAME (Type)	Bruce Bru	mbaugh. M.	D.	22d. ADDRESS 5609 Ma	in St	reet. E	lkridge	e 27	Md

the funeral director, should be filed with may be recovered by the hospital or attending physician.

2 FUNERA CONTRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 shaved be detached for use as the burial-transit permit. Then please remave carban papers Pages 1 in the State Board of Hea ith prior to burial, cremotion, ar removal, and provent, within 72 hours after death. may be ro VR A15 (4) 1SM 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL

230 BURIAL CREMATION BUTTAL PRECITY 24, FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

236 DATE THEREOF 11/26/60

25o. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE arthur S. Hrans

Maryland

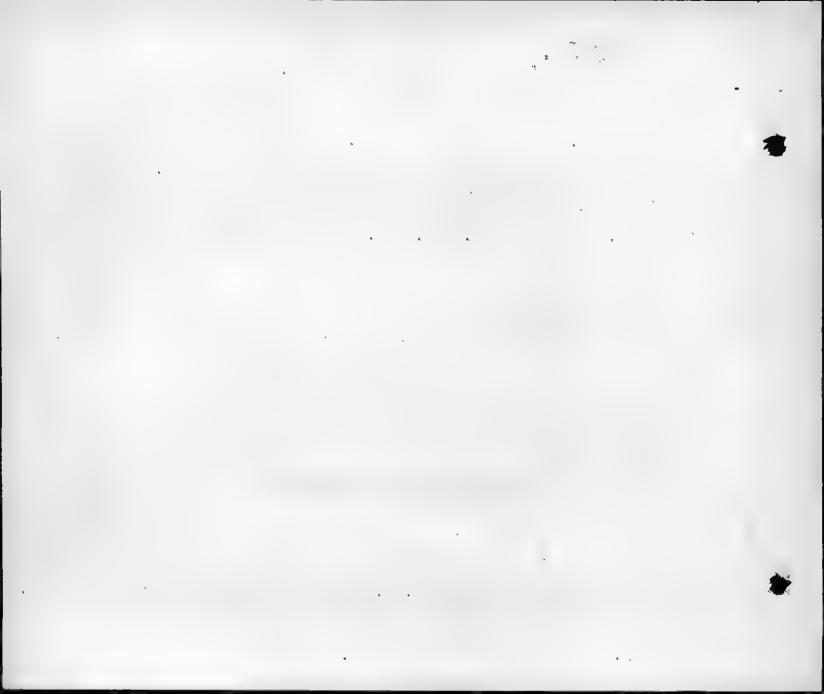
(State)

23d LOCATION (City, town, or county) Elkridge, Mary]

H. Hubbard r 4107 Wilkens Ave.

23c. NAME OF CEMETERY OR CREMATORY
Meadowridge Cemetery

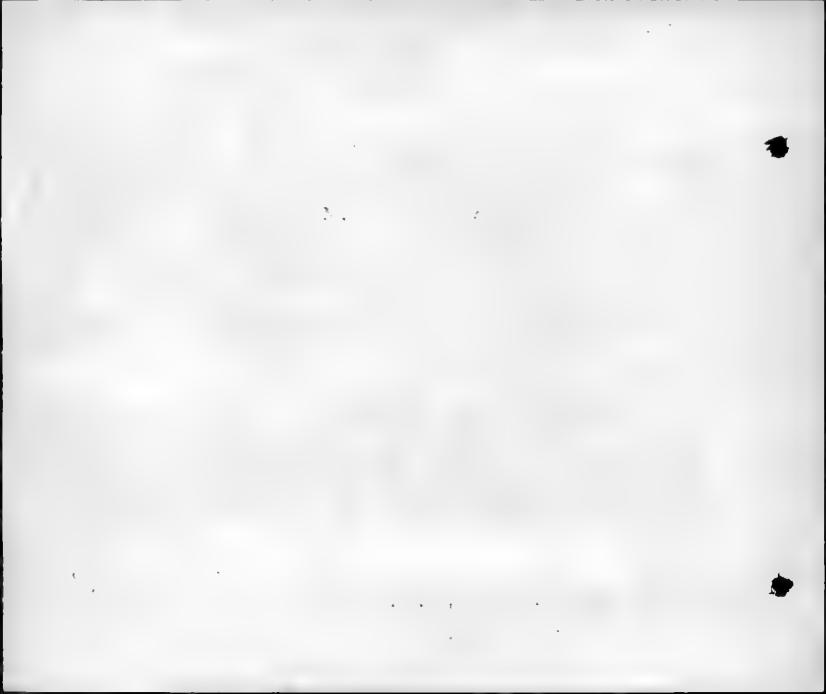
DATNOV 2 8 '60



12654 **CERTIFICATE OF DEATH** Red. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY o. STATE **5. COUNTY** MARYLAND b CITY OR TOWN (If outside corporate fimits, write E. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn! 밀 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF 4. DATE Middle Month Yeor DECEASED OF DEATH (Type or print) 1966 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthday) Months Dovs Haurs WIDOWED IL DIVORCED | yrs 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE 12 CITIZEN OF WHAT COUNTRY? during shost of working life, even if retired) LLDEWOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underond lying cause lost, peen : PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NOW 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Fort II of item 18.1 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m 21. I cortify that I attended the deceased from 19.62, that I last saw the deceased and that death occurred at 2:00/A, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL Church Road. SIGNATUR Md. PHYSICIAN'S Thomas Herbert. NAME [Type] 220. BURIAL, CREMATION, 22b. DATE THEREOL 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/57

within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



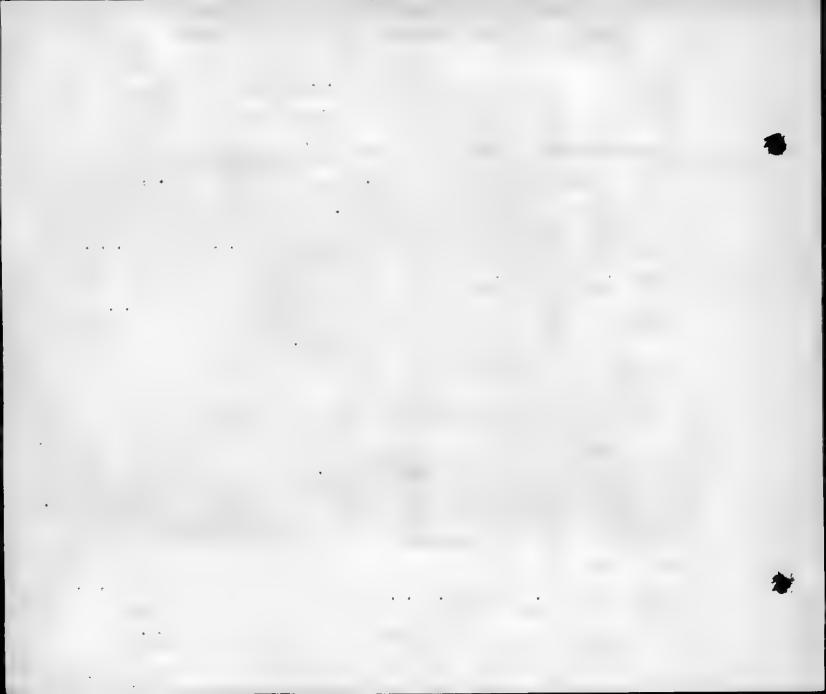
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12660 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 LIGHAL DESIDENCE OWhere decreased lived If institution, Paridages before admission BLACK OF DEATH

12632

Reg. Dist. No.

o. COUN			MARY	AND	o. STATE	ar fringin docum	b. COUNT	Y		
and giv	R TOWN (If autide corporate limits, a nearest tewn) LUTCI		c, LENGTH OF STAY II		Flemin	ngton	porote limits, write	RURAL ond	17	-3
	of Hospital of Institution rel Mobile Home		pital, give street address)	R.D. #					ON A FARM?
3. NAME OF DECEASE (Type or s		First LOUIS	Middle SCHAEFER.		Last	4. DATE OF DEATH	Mont	.8,196	Day O	Year 19
5. SEX	6. COLOR OR RA	WIDOWE	DIVORCED	_		1943	9 AGE (In years last birthday)			OURS Min.
MALO 10g. USUAL	White OCCUPATION (Give kind of we						17 yrs.	12. CITIZ	EN OF V	WHAT COUNTRYS
during mo	it of working life, even if retire v - Professio	ed)	urel Race T			ille. N			S.A.	
13. FATHER			1102 11000 1		14. MOTHER'S MAID					
Edw	ard L. Schaefe	r, Sr.			Pauline	Fiset				
15. WAS DE	CEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO.	17. INF	ORMANT		Address			
No			Yes	S	carpp Fun	eral Ho	ne-Passai	c, N.J		
	SE OF DEATH [Enter only one	· ·	for (o), (b), and (c).]						INTERVA ONSET A	AND DEATH
	ART I. DEATH WAS CAUSED B'	(o) <u>Ca</u>	rbon Monoxi	de I	oisoning.					
Conditi	on, if any, which)	TO								
gove ris	e to immediate couse	70								
(o), sto	ing the underlying t	(c)								
NOTY.	ART II, OTHER SIGNIFICANT C		ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	ERMINALDISEAS	E CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED? S NO S
PRIMARY CAUSE	ERNAL CAUSE WAS ZOF CONTRIBUTING		n Monoxide		_ ' '	Port I or Port Ii	of item 18)			
	E OF INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 20	e. PLACE	OF INJURY (Home,	form, 20f. (Cit	or town)	(Cour	ity)	(Stote)
	0 xxx 11-8-	1960 of wo	rk of work	2	y, street, office bldg ,		aurel	Howa	ard	Md.
21.1	ertify that I took cho	rge of the r	emoins described	obov	e, held on Auto	орѕу 🔲, Т	nspection 🔣	Inquiry		and find tho
death	resulted from: Natur	al causes [, Accident X,	Suici	de 🔲, Homic	cide 🔲, 🗓	ndetermined o	couse [].		
ACTUA SIGNAT		X			M.D. CHIEF MEDICA	AL EXAMINER				
EXAMI	IER'S LIE 7.74 mm Y	. Lovit	t, Jr., M.I		ASSISTANT ME	EDICAL EXAMINE CAL EXAMINER (lovembe	er,	9, 1960
220 BURIAL, REMOV. Remo	CREMATION, 22b, DATE THE AL (Specify) Val 11/9/	60	22c. NAME OF CEMETE Cedar Law				tion (City, lown, terson, 1			(Stote)
	DIRECTOR'S SIGNATURE	3 for	e ADDRESS	d.	240.	REC'D BY REGIS		STRAK'S SIGN	MATURE	

VS. A15ME(5) 5M 9/55



TO HOSPITA

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12655

CERTIFICATE OF DEATH

12633 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Howard		MARYLAN	n. STATE	(Where deceased lived. b.	If institution: Residence COUNTY Howard	ce before admis	ion)
RURAL ond give ne	itv			(If outside corporate limit	ls, write RURAL and g	give nearest town	*)
	AL (If not in hospitol, give str	eet address)	8. STREET ADDRES	green Ave			FARM?
3. NAME OF DECEASED (Type or print)	THOMAS JEFF	Middle ERSON SHOMO	Lost	4. DATE OF DEATH	Month Nov. 2, 1960	,	Year 19
5. SEX Male		AARRIED NEVER MARRIED [9. AGE lost to 18 87 73	wirthday) Months	YEAR IF UNDI	Min.
during most of work Retire	ing life, even if retired)	106. KIND OF BUSINESS OR IN	Newport	Va	12. CITI	ZEN OF WHAT C	OUNTRY?
13. FATHER'S NAME Samuel	J.Shomo		14. MOTHER'S MAID			4	
(Yes, no, or unknown)	R IN U. S. ARMED FORCES? If yes, give war ar dates of service)		INFORMANT Mrs.Mildred S	45 Eve	ergreen Avicott City	Md	
PART I. DEA	TH [Enter only one couse porth WAS CAUSED BY: IMMEDIATE CAUSE (a)	E BREIN (c).		7		INTERVAL BE	
Conditions, if ar gave rise to in cause (a), stating I lying cause last,	nmediale (penic E		~a	1,	<12-
PART 11. OTH PART 11. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE COND	TION GIVEN IN PART	PERFC	AUTOPSY PRMED?
	S UNDERLYING 1 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injur	y in Part I or Part II of ite	m 18.)		
ZOc. TIME OF INJURY Hoor a.m. p. m.	w W	d. INJURY OCCURRED 20e hile Not while work 0 of work	PLACE OF INJURY (Home, factory, street, office bldg.) (0	County)	(State)
21. I certify the alive on \Q .	at I attended the dec	eased from 2-5- 960, and that de	, 1958, to sath occurred at \$2.50			date stated	d abave. re signed
PHYSICIAN'S NAME (Type) 22a. 8URIAL, CREMATION	ETER V.	THORPE, L	a) Ellis	1115 HO	4 MY		
REMOVAL (Specify) REMOVAL (Specify) RUTIAL 23. FUNERAL DIRECTOR'S	11-5-60	22c. NAME OF CEMETER Ebergreen		22d. LOCATION (CI	e Va.	(Stol	e)
	than Flitaatt				24b. REGISTRAR'S SIC		

TENS! 1-1 The Mark A March 1997 A. M. March 1997 FARE AND MARKET WARREN The production of the second s 4--1 Target Charles, etcherio.

MARYLAND STATE DEPARTMENT OF HEALTH 1266 PRINTED ATTEMPT OF DEATH CERTIFICATE OF DEATH

12654

	TOUT		ALE OF DEATH
1.	PLACE OF DEATH O. COUNTY HOWARD	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7	d. NAME OF HOSPITAL (If hat in haspital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) ROSIE AN	W Sul	LIVAN 4. DATE Month Day Year OF DEATH NOVEMBER 14 1960
5.	SEX 6. COLOR OR RACE 7. MARRI MIDOWE	ED NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH POUL 11. 1887 9. AGE (In years lost birthday) When the second with the secon
10	o. USUAL OCCUPATION (Give kind of work dane 10b. I during most of working life, even if retired)	THOMAS OR INE	SUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13	FATHER'S NAME	(del)	Mary Rurall
	WAS DECEASED EVER IN U. S. ARMED FORCES? es. no. or unknown) (If yee, give wor or dates of service)	SOCIAL SECURITY NO. 17	M Maxoo Hullingo - Of Musille, Well
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), and (c).	mhoses, leggestersion, July 60
	Conditions, if ony, which gove rise to immediate couse (a), staling the underlying cause last. (c)	while failed	u, ansgran, allesty 4 hor be
CATION		ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I at Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN White p. m. 19 at work	_ Not while _	PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) (Caunty) (State
	21. I certify that (I) (this haspital) attends saw the deceased alive an 4 RD-3		death accurred at 2 M, from the causes and an the date stated above
	220. SIGNATURE JONAIL &	Face	M.D. ATTENDING MED. STAFF PHYS. 1 4 276 0
	PASSICIARIS HOLNARD E	HALL	22d. ADDRESS Affrewille; ml.
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 lieuns after death. Page 4 may be already by the haspital or attending physician.

TO FUNES. DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 7 febres after death.

I

VR A15 (4) 1SM 9/59

STATE OF COMMENTS AND LABOUR V=